12634

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 261

1. PLACE OF DEATH: COUNTY Somerset MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Manokin
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Manokin
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Hiram (Middle) Wesley (Last) Ballard
4. DATE OF DEATH (Month) Dec (Day) 29 (Year) 1950
5. SEX Male
6. COLOR OR RACE Col
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH Sept 10. 1865
9. AGE last birthday 85 yrs. If under 1 year: Months 3 Days 19 If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm Owner
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Westover Somerset Co Md
12. CITIZEN OF WHAT COUNTRY? U S A
13. FATHER'S NAME James Ballard
14. MOTHER'S MAIDEN NAME Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY No. —
17. INFORMANT AND ADDRESS Nora Wilson Manokin Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Disease

420.1 Antecedent cause(s)

131a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic Diet Nephritis Olmic Myocardial — Yes

(c) General Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION Mr
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) Mr
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) — (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from June 30, 1950, to Dec 29, 1950, that I last saw the deceased alive on Dec. 23, 1950, and that death occurred at 10 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Ruby C Cornelmon MD
ADDRESS Marion Sta Md
DATE SIGNED 1/1/51

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE Jan 2 1951
NAME OF CEMETERY OR CREMATORY Cottage Grove
LOCATION (City, town, or county) (State) Westover Somerset, Md
DATE REC'D BY LOCAL REG. 1/1/51
REGISTRAR'S SIGNATURE Betty Massey
24. FUNERAL DIRECTOR Charles H Ward Marion Md
ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 6 1951
NEAU T. S

MARYLAND STATE DEPARTMENT OF HEALTH

12635

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 260

1. PLACE OF DEATH: COUNTY Somerset MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westover
LENGTH OF STAY (in this place) 4 Months
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westover
STREET ADDRESS (If rural, give location) —

3. NAME OF DECEASED (Type or Print) (First) Henrietta (Middle) (Last) Braxton
4. DATE OF DEATH (Month) December (Day) 28 (Year) 1950
5. SEX Female
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Infant
8. DATE OF BIRTH Aug. 28, 1950
9. AGE last birthday — yrs. If under 1 year Months 4 Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A
13. FATHER'S NAME James Braxton
14. MOTHER'S MAIDEN NAME Mary Armwood
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) —
16. SOCIAL SECURITY NO. —
17. INFORMANT James Braxton (Father)

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

500.X Immediate cause (a) Acute Bronchitis —

1060 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) HENRY M. LANKFORD, M.D. Deputy Medical Examiner for Somerset County

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY None (CITY OR TOWN) — (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
INJURY OCCURRED While at work ☐ Not while at work ☐ —
HOW DID INJURY OCCUR? —

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Henry M. Lankford (Degree or title) M.D. ADDRESS Princess Anne Md DATE SIGNED 12/28/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Dec 31. 1950
NAME OF CEMETERY OR CREMATORY Cathage Grove
LOCATION (City, town, or county) Westover Somerset (State) Md

DATE REC'D BY LOCAL REG. 12/29/50
REGISTRAR'S SIGNATURE R.H. Johnson, M.D. GHB.
24. FUNERAL DIRECTOR Charles H Ward ADDRESS Marion Md

408280254363

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

12636

CERTIFICATE OF DEATH

Reg. Dist. No. 2-6-5

1. PLACE OF DEATH: COUNTY Somerset — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Crisfield

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural
STREET ADDRESS (If rural, give location) Crisfield

3. NAME OF DECEASED (Type or Print): (First) WILLIAM (Middle) DANIEL (Last) COX

4. DATE OF DEATH (Month) (Day) (Year): Dec. 10, 1950

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Nov. 23, 1856

9. AGE last birthday: 94 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Waterman

10b. KIND OF BUSINESS OR INDUSTRY: Seafood Business

11. BIRTHPLACE (State or foreign country): Fairmount, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: William Cox

14. MOTHER'S MAIDEN NAME: Henrietta Adams

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Nathaniel Cox--Rural Crisfield

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Acute dilitation of heart -	7 Hrs.
450.0 95c Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Generalized arteriosclerosis -	yrs ?
	(c) Senility -	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 8, 1950, to Dec 10, 1950, that I last saw the deceased alive on Dec 8, 1950, and that death occurred at 5:10 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

C. S. Rawley M.D. Crisfield Md

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: Dec. 12, 1950

NAME OF CEMETERY OR CREMATORY: Sunny Ridge Cemetery

LOCATION (City, town, or county) (State): Crisfield, Md.

DATE REC'D BY LOCAL REG. 12/12/50

REGISTRAR'S SIGNATURE: Betty W. Tyler

24. FUNERAL DIRECTOR ADDRESS: Bradshaw Funeral Parlors, Crisfield

900 VI

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

12637

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 360

1. PLACE OF DEATH: COUNTY Somerset MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Princess Anne
LENGTH OF STAY (in this place) LIFETIME
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Princess Anne
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) George (Middle) (Last) Dennis

4. DATE OF DEATH (Month) Dec. (Day) 28 (Year) 1950

5. SEX Male
6. COLOR OR RACE Col
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married
8. DATE OF BIRTH 10-4-1876
9. AGE last birthday 74 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) janitor
10b. KIND OF BUSINESS OR INDUSTRY Bank
11. BIRTHPLACE (State or foreign country) Somerset County Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Littleton Dennis
14. MOTHER'S MAIDEN NAME Sallie Wilson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Willie Dennis

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Carcinoma of Prostate Gland	2 Years
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertension with Paralysis	4 mths
	(c)	

177x
51b

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 15th 1948, to Dec. 28, 1950, that I last saw the deceased alive on Dec 27th 1950, and that death occurred at 10.30 m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Eldon G. Marksman
ADDRESS Princess Anne Md
DATE SIGNED 12.30.50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 12-31-50
NAME OF CEMETERY OR CREMATORY John Wesley
LOCATION (City, town, or county) (State) Princess Anne, Md

DATE REC'D BY LOCAL REG. 12/31/50
REGISTRAR'S SIGNATURE R. H. Johnson M.D. Jr.
24. FUNERAL DIRECTOR William H James Jr
ADDRESS Princess Anne Md. 7408

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JAN 5 1951
BUREAU T. S

12638

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH: COUNTY Somerset MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland Somerset COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield — LENGTH OF STAY (in this place) 30 years	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield
HOSPITAL OR INSTITUTION OR STREET ADDRESS 306 Chesapeake Ave.	STREET ADDRESS (If rural, give location) 306 Chesapeake Ave.

3. NAME OF DECEASED (Type or Print)	(First) ELIZA	(Middle) ANNIE	(Last) EVANS	4. DATE OF DEATH (Month) (Day) (Year) Dec. 16, 1950 19
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed	8. DATE OF BIRTH July 31, 1863	9. AGE last birthday 87 yrs. — If under 1 year Months Days — If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife	10b. KIND OF BUSINESS OR INDUSTRY Domestic	11. BIRTHPLACE (State or foreign country) St. Mary's County, Md.	12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME George Poe		14. MOTHER'S MAIDEN NAME Unknown		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS Mrs. Addie Cook--306 Chesapeake Ave. Crisfield, Md.		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Acute Coronary Disease	1 week
420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chronic Int nephritis Chronic myocarditis	10 years
131a	(c) Senile arteriosclerosis	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION mm	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1, 1950, to Dec 16, 1950, that I last saw the deceased alive on ..... 19....., and that death occurred at 10:00 A m., from the causes and on the date stated above.

SIGNATURE George C Coulburn MD (Degree or title) ADDRESS Morris Md DATE SIGNED December 19, 1950

23. BURIAL, CREMATION REMOVAL (Specify) burial	DATE THEREOF Dec. 19, 1950	NAME OF CEMETERY OR CREMATORY Crisfield Cemetery	LOCATION (City, town, or county) (State) Crisfield, Md.
DATE REC'D BY LOCAL REG. 12/19/50	REGISTRAR'S SIGNATURE Betty Massey	24. FUNERAL DIRECTOR Bradshaw Funeral Parlors, Crisfield	ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC 23 1950

12639

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH: COUNTY Crisfield Somerset MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield
LENGTH OF STAY (If this place) 10 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Washington Dc COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington Dc
STREET ADDRESS (If rural, give location) 1809 N. Capitol

3. NAME OF DECEASED (Type or Print) (First) George (Middle) (Last) Friday
4. DATE OF DEATH (Month) Dec (Day) 22 (Year) 1950
5. SEX Male
6. COLOR OR RACE Black
7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~ (Specify)
8. DATE OF BIRTH 1899
9. AGE last birthday 51 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labor
10b. KIND OF BUSINESS OR INDUSTRY Watchman
11. BIRTHPLACE (State or foreign country) Tennessee
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME unknown
14. MOTHER'S MAIDEN NAME unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS SPRADLIN CONSTRUCTION CO. 145 KENNEDY ST. N.W. WASHINGTON, D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Found Dead in Bed

434.3 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Natural Cause Heart

95c (c)

William H. Coulbourn M. D.
DEPUTY MEDICAL EXAMINER
FOR SOMERSET COUNTY, MD.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) Natural Cause
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) Crisfield (COUNTY) Somerset (STATE) Md
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

William H. Coulbourn, M. D.
DEPUTY MEDICAL EXAMINER
FOR SOMERSET COUNTY, MD.

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on Was dead when I called 7:30 a.m. ....., 19....., and that death occurred at ..... m., from the causes and on the date stated above.

SIGNATURE (Degree or title) W. H. Coulbourn ADDRESS Crisfield DATE SIGNED Md

23. BURIAL, CREMATION REMOVAL (Specify) burial
DATE THEREOF Dec. 28, 1950
NAME OF CEMETERY OR CREMATORY Woodlawn Cemetery
LOCATION (City, town, or county) Washington, D.C. (State)
DATE REC'D BY LOCAL REG. 12/23
REGISTRAR'S SIGNATURE Betty W. Tyler
24. FUNERAL DIRECTOR Bratshaw Funeral Parlors ADDRESS Crisfield, Md.

60299

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC 28 1960

12640

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 260

1. PLACE OF DEATH: COUNTY Somerset MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mr. Princess Anne
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Mt. Dublin Dist. COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mr. Princess Anne Md.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Noah (Middle) W.C. (Last) Gibbons
4. DATE OF DEATH (Month) Dec (Day) 29th (Year) 1950

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH June 29 1870
9. AGE last birthday 80 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming Farm owner
10b. KIND OF BUSINESS OR INDUSTRY Truck Farming
11. BIRTHPLACE (State or foreign country) Mr. Princess Anne Md.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Elizah Gibbons
14. MOTHER'S MAIDEN NAME Adline Dryden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO. none
17. INFORMANT AND ADDRESS Mrs. Bertha Parsons Gibbons

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Chronic Cystitis with heart
605X Antecedent cause(s) (b) Complication
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
135a (c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) No
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Four days, to 9:45 A.M., 19....., that I last saw the deceased alive on 12/28, 1950, and that death occurred at Home m., from the causes and on the date stated above.

SIGNATURE (Degree or title) R J Smith
ADDRESS Princess Anne Md
DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 12/31/50
NAME OF CEMETERY OR CREMATORY Bates Memorial Cem.
LOCATION (City, town, or county) Snow Hill (State) Md

DATE REC'D BY LOCAL REG. 12/29/50
REGISTRAR'S SIGNATURE R H Johnson, M.D.
24. FUNERAL DIRECTOR Dale Doskill
ADDRESS Princess Anne Md.

G.H.B.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

12641

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 26 5

1. PLACE OF DEATH: COUNTY Somerset — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield | LENGTH OF STAY (in this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 227 W. Main St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland Somerset COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield
STREET ADDRESS (If rural, give location) 227 W. Main St.

3. NAME OF DECEASED (Type or Print): (First) LULA (Middle) VIRGINIA (Last) GODMAN

4. DATE OF DEATH: (Month) (Day) (Year) Dec. 10, 1950

5. SEX: female | 6. COLOR OR RACE: white | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): ~~married~~ | 8. DATE OF BIRTH: Apr. 9, 1871 | 9. AGE last birthday: 79 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife | 10b. KIND OF BUSINESS OR INDUSTRY: Domestic | 11. BIRTHPLACE (State or foreign country): Matthews County, Va. | 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John P. Tawes | 14. MOTHER'S MAIDEN NAME: Susan White

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT AND ADDRESS: Miss Virginia Godman --227 W. Main Crisfield, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary occlusion — 10 hrs

420.1 94a0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension - (c) Arteriosclerosis

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 10, 19 50, to Dec. 10, 19 50 that I last saw the deceased alive on Dec. 10, 19 50, and that death occurred at 1:30 P.M., from the causes and on the date stated above.

SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED
Sarah M. Payton | M.D. | Crisfield, Md. | 12/12/50

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF Dec. 13, 1950 | NAME OF CEMETERY OR CREMATORY Sunny Ridge Cemetery | LOCATION (City, town, or county) (State) Crisfield, Md.

DATE REC'D BY LOCAL REG. 12/12/50 | REGISTRAR'S SIGNATURE Betty W. Tyler | 24. FUNERAL DIRECTOR ADDRESS Bradshaw Funeral Parlors, Crisfield

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC 16 1950
BUREAU W. P.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

12642

Evidence for change in age shown on: FILM No. G 1 DEC 21 1950

CERTIFICATE OF DEATH

Reg. Dist. No. 260

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Somerset; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Upper Fairmount; MARYLAND; LENGTH OF STAY in this place 7 M; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Somerset; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Upper Fairmount; STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) Susan (Middle) W. (Last) Gordon

4. DATE OF DEATH: (Month) Dec (Day) 3 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Aug 30 1874

9. AGE last birthday: 76 yrs. If under 1 year: Months 3, Days 3, Hours —, If under 24 hrs.: Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Upper Fairmount

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Lambert Muir

14. MOTHER'S MAIDEN NAME: Mary D. Evans

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: Woody Muir

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Myocardial failure — Interval between onset and death: 3 days

Antecedent cause(s) 444X — Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 102 (b) Hypertension — several yrs.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 24, 1950, to Dec 3, 1950, that I last saw the deceased alive on Dec 2, 1950, and that death occurred at 10.30 p.m., from the causes and on the date stated above.

SIGNATURE: Geo. B. Wheatley M.D. (Degree or title) ADDRESS: Princess Anne Md DATE SIGNED: 12/5/50

26. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: Dec 7, 1950 — NAME OF CEMETERY OR CREMATORY: Muir's — LOCATION (City, town, or county) (State): Upper Fairmount Md

DATE REC'D BY LOCAL REG. 12/5/50 — REGISTRAR'S SIGNATURE: R. S. Johnson M.D.

24. FUNERAL DIRECTOR: Harry B. Miles — ADDRESS: Upper Fairmount Md

52086

VS. A15

RECEIVED
DEC 6 1950
BUREAU U. S.

12643

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 260

1. PLACE OF DEATH: COUNTY Somerset MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Princess Anne, R.F.D. LENGTH OF STAY (in this place) 24 Hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS R.F.D.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Princess Anne
STREET ADDRESS (If rural, give location) R.F.D.

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) Infant Hall
4. DATE OF DEATH (Month) (Day) (Year) Dec. 27 1950
5. SEX Female
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single
8. DATE OF BIRTH Dec. 24, 1950
9. AGE last birthday — yrs. If under 1 year Months Days 3 If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Wic. Co. Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Wilson Hall
14. MOTHER'S MAIDEN NAME Odessa Lewis
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. ✓
17. INFORMANT Father - (Wilson Hall)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute Bronchitis —

500X

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

106a

(c)

HENRY M. LANKFORD, M.D.
Deputy Medical Examiner
for Somerset County

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY None (CITY OR TOWN) (COUNTY) (STATE) ✓
TIME (Month) (Day) (Year) (Hour) OF INJURY ✓ m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR? —

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Henry M. Lankford M.D. Princess Anne Md 12/28/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 12-28-50
NAME OF CEMETERY OR CREMATORY Oakville
LOCATION (City, town, or county) (State) Oakville Md

DATE REC'D BY LOCAL REG. 12/28/50
REGISTRAR'S SIGNATURE R. H. Johnson, M.D. gd.
24. FUNERAL DIRECTOR William H. James Jr. ADDRESS Princess Anne Md

20V240 A1405

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
DEC 30 1950
WASH D.C.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

12644

CERTIFICATE OF DEATH

Reg. Dist. No. 260

1. PLACE OF DEATH: COUNTY Somerset MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Princess Anne
LENGTH OF STAY (in this place) 47 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Princess Anne, Md.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Ruth (Middle) (Last) Handy

4. DATE OF DEATH (Month) Dec (Day) 9th (Year) 1950

5. SEX Female
6. COLOR OR RACE Col
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married
8. DATE OF BIRTH Sept 14 1903
9. AGE last birthday 47 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Work
10b. KIND OF BUSINESS OR INDUSTRY Domestic
11. BIRTHPLACE (State or foreign country) Princess Anne, Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME John Sam Jones
14. MOTHER'S MAIDEN NAME Amanda Curtis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)
16. SOCIAL SECURITY No. 213-14-7785
17. INFORMANT Isaac Handy

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral Haemorrhage	3 days
331X Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertension	18 mths
83a	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 6th, 1950, to Dec 9th, 1950, that I last saw the deceased alive on Dec 8th, 1950 and that death occurred at 5.12 A.m., from the causes and on the date stated above.

SIGNATURE Eldon G. Marksman (Degree or title) ADDRESS Princess Anne, Md DATE SIGNED 12.11.50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 12-12-50
NAME OF CEMETERY OR CREMATORY Mt. Hope
LOCATION (City, town, or county) (State) Princess Anne, Md

DATE REC'D BY LOCAL REG. 12/12/50
REGISTRAR'S SIGNATURE K. H. Johnson, M.D. gd.
24. FUNERAL DIRECTOR William H. James Jr. ADDRESS Princess Anne, Md

52086

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC 14 1950
BUREAU OF S

12645

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 260

1. PLACE OF DEATH COUNTY: Somerset MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE: Maryland COUNTY: Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Princess Anne — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Princess Anne Route 1
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Mt. Vernon	STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): Henrietta Hitch	4. DATE OF DEATH (Month) (Day) (Year): Dec. 13 1950
5. SEX: Female — 6. COLOR OR RACE: Col — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single	8. DATE OF BIRTH: Jan 18 1950 — 9. AGE last birthday: 10 months 5 days — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): — 10b. KIND OF BUSINESS OR INDUSTRY: —	11. BIRTHPLACE (State or foreign country): Dicomico County Md — 12. CITIZEN OF WHAT COUNTRY? U.S.A
13. FATHER'S NAME: Alphonso Hitch	14. MOTHER'S MAIDEN NAME: Catherine White
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) — 16. SOCIAL SECURITY NO.: —	17. INFORMANT: Catherine White, Prin Anne, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Lobar Pneumonia — 9 days

490X Antecedent cause(s)

108 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 8th, 1950, to Dec 13, 1950 that I last saw the deceased alive on Dec 11, 1950, and that death occurred at 12:10 pm., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Eldon G. Maursman		Princess Anne, Md.	12.13.50

23. BURIAL, CREMATION REMOVAL (Specify): Burial	DATE: Dec 15, 1950	NAME OF CEMETERY OR CREMATORY: Polks Road Cemetery	LOCATION (City, town, or county) (State): Princess Anne R.F.D. #1 Md
DATE REC'D BY LOCAL REG.: 12/14/50	REGISTRAR'S SIGNATURE: R. H. Johnson, M.D.	24. FUNERAL DIRECTOR: Hale Doskell	ADDRESS: Princess Anne Md.

2-0-1-18-0-15-1-40-5 gd.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC 18 1950
BUREAU V. S

12646

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH: COUNTY Somerset MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield
LENGTH OF STAY (in this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS McCready Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland Somerset COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield
STREET ADDRESS (If rural, give location) Tyler St.

3. NAME OF DECEASED (Type or Print) (First) ROSIE (Middle) (Last) MARSHALL

4. DATE OF DEATH (Month) (Day) (Year) Dec. 9, 1950 19

5. SEX female
6. COLOR OR RACE colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH 1876
9. AGE last birthday 74 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) laborer
10b. KIND OF BUSINESS OR INDUSTRY Seafood Industry
11. BIRTHPLACE (State or foreign country) near Crisfield, Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Unknown
14. MOTHER'S MAIDEN NAME Emily Wise

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Harry Whittington-Crisfield, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a)	Acute dilitation of heart	3 hrs -
592 x Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	Chr. Myocarditis with decompensation	yrs -
131 a	(c)	Chr. interstitial nephritis.	yrs -

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 6, 1946, to Dec 9, 1950, that I last saw the deceased alive on Dec. 9, 1950, and that death occurred at 5:45 P m., from the causes and on the date stated above.

SIGNATURE C. G. Rawley M.D. (Degree or title) ADDRESS Crisfield, Md. DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) burial
DATE THEREOF Dec. 12, 1950
NAME OF CEMETERY OR CREMATORY Lawsonia Cemetery
LOCATION (City, town, or county) (State) Crisfield, Md.

DATE REC'D BY LOCAL REG. 12/12/50
REGISTRAR'S SIGNATURE Betty W. Tyler
24. FUNERAL DIRECTOR Bradshaw Funeral Parlors, Crisfield ADDRESS

988V1

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
DEC 16 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

12647

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 26Y

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Somerset, Tangier Sound MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN New Deal Island | LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS None

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Deal Island COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN —
STREET ADDRESS (If rural, give location) —

3. NAME OF DECEASED (Type or Print): (First) Richard (Middle) Reed (Last) Muster
4. DATE OF DEATH: (Month) Dec (Day) 20 (Year) 1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	Jan 26 1885	65 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Waterman
10b. KIND OF BUSINESS OR INDUSTRY: Oyster
11. BIRTHPLACE (State or foreign country): Deal Island Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Wm J. Muster
14. MOTHER'S MAIDEN NAME: Arcadia Hitchens

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No | (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT: Richard Muster Jr

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
850.8 Immediate cause	(a) Drowning	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 172	(b)	
	(c)	

HENRY M. LANKFORD, M. D.
Deputy Medical Examiner
for Somerset County

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
—	—	

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Public Place	(CITY OR TOWN) near Deal Island	(COUNTY) Som.	(STATE) Md
TIME (Month) (Day) (Year) (Hour) OF INJURY Dec 20 1950 8a m.	INJURY OCCURRED While at work ☒ Not while at work ☐	HOW DID INJURY OCCUR? Fell from a boat, body found 12/25/50			

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Henry M. Lankford	M. D.	Princess Anne Maryland	12/27/50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF 12/26/50	NAME OF CEMETERY OR CREMATORY St Johns	LOCATION (City, town, or county) Deal Island	(State)
DATE REC'D BY LOCAL REG. 12/27/50	REGISTRAR'S SIGNATURE Lola J. Wheatley	24. FUNERAL DIRECTOR Charles M. Dashiell	ADDRESS 900 W Princess Anne, Md.	

DEC 30 1950
BUREAU V. S

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

12648

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH: COUNTY Somerset — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural
LENGTH OF STAY (in this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Crisfield

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural--Crisfield
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) EMMA (Middle) A. (Last) MORRIS

4. DATE OF DEATH: (Month) (Day) (Year) Dec. 2, 1950

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widowed

8. DATE OF BIRTH: Jan. 11, 1856

9. AGE last birthday: 94 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Domestic

11. BIRTHPLACE (State or foreign country): near Crisfield, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Hope Ward

14. MOTHER'S MAIDEN NAME: Susan Ward

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Mrs. George Turner--near Crisfield

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Arter Dis & Fail Uremia — 10 dys

196X 55b Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Sarcoma of Mastoid — 2 yrs

(c) Chronic Int Nephritis Chronic Myocarditis — yrs

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Senile Arteriosclerosis

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): no

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1, 19 50, to Dec 2, 19 50, that I last saw the deceased alive on Dec 1, 19 50, and that death occurred at 3:50 P m., from the causes and on the date stated above.

SIGNATURE: Geo C Goldsmith (Degree or title) ADDRESS: Norris St Md DATE SIGNED: Dec 4, 50

23. BURIAL, CREMATION REMOVAL (Specify): burial | DATE THEREOF: Dec. 4, 1950 | NAME OF CEMETERY OR CREMATORY: St. Paul Cemetery | LOCATION (City, town, or county) (State): Marion, Maryland

DATE REC'D BY LOCAL REG. 12/4/50 | REGISTRAR'S SIGNATURE: Betty Massey | 24. FUNERAL DIRECTOR: Bradshaw Funeral Parlors, Crisfield ADDRESS

RECEIVED
DEC 9 1950
JUNEAU, ALASKA

mw

12649

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 261

1. PLACE OF DEATH — COUNTY: Somerset — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Marion — LENGTH OF STAY (in this place): 2 hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md — COUNTY: Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Kingston
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) (First) James (Middle) (Last) Nelluns
4. DATE OF DEATH (Month) Dec (Day) 29 (Year) 1950
5. SEX: Male
6. COLOR OR RACE: Col
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: Feb 15 1893
9. AGE last birthday: 58 yrs. — If under 1 year: Months 10, Days 7 — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Farm
11. BIRTHPLACE (State or foreign country): Lancaster Lancaster Co Va
12. CITIZEN OF WHAT COUNTRY? U S A
13. FATHER'S NAME: Louise Nelluns
14. MOTHER'S MAIDEN NAME: Herritte Roberson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS: Sadie Towles

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

812.5 Immediate cause (a) Struck by automobile

Antecedent cause(s)

170C Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Fractured Skull + arm fractured

(c) Shock

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes X No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
PLACE OF INJURY (Home, farm, factory, street, office bldg, etc.): Marion State Road (CITY OR TOWN) (COUNTY) (STATE) Md
TIME OF INJURY (Month) (Day) (Year) (Hour): Dec 29, 50 about 9:20 p
INJURY OCCURRED While at Work ☐ Not While At work ☒
HOW DID INJURY OCCUR? Hit by automobile

William H. Coulbourn, M.D.
DEPUTY MEDICAL EXAMINER
FOR SOMERSET SECURITY, MD

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on Dead when I saw him, 19....., and that death occurred at 9:30 P m., from the causes and on the date stated above.

SIGNATURE: Wm H Coulbourn M.D. (Degree or title) ADDRESS: Crisfield Md DATE SIGNED: Dec 28/50

23. BURIAL, CREMATION REMOVAL (Specify): Rural
DATE: Dec 29-50
NAME OF CEMETERY OR CREMATORY: Cottage Grove
LOCATION (City, town, or county) (State): Westover Somerset Co Md
DATE REC'D BY LOCAL REG.: 12/28/50
REGISTRAR'S SIGNATURE: Betty Massey
24. FUNERAL DIRECTOR: Charles H. Ward. ADDRESS: Marion Md

86600

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

RECEIVED
DEC 30 1960
U.S.

MARYLAND STATE DEPARTMENT OF HEALTH

12659

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 760

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Somerset — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN —
LENGTH OF STAY (in this place) 18 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Somerset COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Princess Anne
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Alonzo (Middle) W. (Last) Stevenson

4. DATE OF DEATH: (Month) Dec. (Day) 18 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: Col

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Dec 1 1950

9. AGE last birthday: — yrs. If under 1 year: Months — Days 18 If under 24 hrs.: Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Alonzo W. Stevenson

14. MOTHER'S MAIDEN NAME: Annie Bell Dennis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Annie B. Stevenson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Bronchial Pneumonia — 4 Days

763.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last — (b) Acute Cold

107

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 16, 1950, to Dec 18th, 1950, that I last saw the deceased alive on Dec 18th, 1950, and that death occurred at 11:50A m., from the causes and on the date stated above.

SIGNATURE: Elbon G. Mardorman (Degree or title) ADDRESS: Princess Anne Md DATE SIGNED: 12-19-50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 12-19-50 — NAME OF CEMETERY OR CREMATORY: John Wesley — LOCATION (City, town, or county) (State): Princess Anne Md

DATE REC'D BY LOCAL REG.: 12/19/50 — REGISTRAR'S SIGNATURE: R. E. Johnson, M.D. — 24. FUNERAL DIRECTOR: William H. Jones Jr. — ADDRESS: Princess Anne Md

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MARYLAND STATE DEPARTMENT OF HEALTH

12651

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 260

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Somerset — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pocomoke City — LENGTH OF STAY (In this place) Minutes
HOSPITAL OR INSTITUTION OR STREET ADDRESS Route 13

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Virginia — COUNTY Accomac
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chincoteague
STREET ADDRESS (If rural give location) Naval Air Facilities ✓

3. NAME OF DECEASED (Type or Print): (First) HAROLD (Middle) LESLIE (Last) TAYLOR, Jr.

4. DATE OF DEATH: (Month) (Day) (Year) Dec 5, 1950 19

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: May 28, 1921

9. AGE last birthday: 29 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Sailor

10b. KIND OF BUSINESS OR INDUSTRY: Navy

11. BIRTHPLACE (State or foreign country): Alabama

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Harold Leslie Taylor, Sr.

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): Navy 50

16. SOCIAL SECURITY NO.: 272-65-10

17. INFORMANT: U S Navy Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Broken Neck + Crushed Skull

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH

819.5
1700

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

HENRY W. LANKFORD, M.D.
Deputy Medical Examiner
for Somerset County

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Highway
(CITY OR TOWN) near Pocomoke (COUNTY) Somerset (STATE) Md

TIME OF INJURY (Month) (Day) (Year) (Hour) Dec 5, 1950 4PM
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Auto accident — Jeep driven by Captain Carroll guard rail

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Henry W. Lankford M.D. Princess Anne Md Dec 5/50

23. BURIAL, CREMATION REMOVAL (Specify) — DATE THEREOF 12/5/50 — NAME OF CEMETERY OR CREMATORY Alabama — LOCATION (City, town, or county) (State) Alabama

DATE REC'D BY LOCAL REG. 12/5/50 — REGISTRAR'S SIGNATURE R. N. Johnson M.D. — 24. FUNERAL DIRECTOR ADDRESS Henry H. Watson, Pocomoke City, Md.

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DEC 6 1950
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12652

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 265

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Somerset; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield; LENGTH OF STAY (in this place) 54 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS McCready Memorial Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural, Pocomoke
STREET ADDRESS (If rural, give location) Route #1

3. NAME OF DECEASED (Type or Print): (First) JOSEPH (Middle) W. (Last) TILGHMAN
4. DATE OF DEATH: (Month) (Day) (Year) Dec 3, 1950
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Aug 2, 1874
9. AGE last birthday: 76 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farm Owner
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? US
13. FATHER'S NAME: Joseph W. Tilghman
14. MOTHER'S MAIDEN NAME: Cathrine Cluff
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: Minnie E. Tilghman, Pocomoke, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acut Dil of Heart Shock — 24 hrs

592X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 51b (b) Chronic Int nephritis Chron bronchitis — yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Carcinoma of prostate ? not proven by Pathologist

19a. DATE OF OPERATION: Dec 1 50
19b. MAJOR FINDINGS OF OPERATION: Enlarged prostate
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE) —
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 1, 1950, to Dec 3, 1950, that I last saw the deceased alive on Dec 3, 1950, and that death occurred at 2 PM m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Eugene E Endicott M D — ADDRESS Princess St Ext — DATE SIGNED Dec 5-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial — DATE THEREOF 12/5/50 — NAME OF CEMETERY OR CREMATORY Presbyterian Cemetery — LOCATION (City, town, or county) (State) Rehoboth, Md.

DATE REC'D BY LOCAL REG. December 5, 1950 — REGISTRAR'S SIGNATURE Betty Marsey

24. FUNERAL DIRECTOR — ADDRESS Henry H Watson, Pocomoke, Md.

RECEIVED
DEC 9 1950
BEAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

12653

CERTIFICATE OF DEATH

Reg. Dist. No. 265

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Somerset — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield | LENGTH OF STAY (In this place) 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS McCready Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland Somerset COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Shelltown
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) ZEB (Middle) BENNETT (Last) WALL

4. DATE OF DEATH (Month) (Day) (Year): Dec. 23, 1950

5. SEX: male | 6. COLOR OR RACE: white | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married | 8. DATE OF BIRTH: May 24, 1898 | 9. AGE last birthday: 52 yrs. | If under 1 year: Months, Days | If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer Owner | 10b. KIND OF BUSINESS OR INDUSTRY: Agriculture | 11. BIRTHPLACE (State or foreign country): North Carolina | 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Thomas Wall | 14. MOTHER'S MAIDEN NAME: Alethia Bennett

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT AND ADDRESS: Mrs. Anna Wall--Shelltown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute Dil'n of Heart — 24 hrs

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
260X 61
(b) Cerebral Hemorrhage, Chronic Nephritis & Nephritis — 2 years
(c) Diabetes Mellitus Generalized Sclerosis — 2 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): None | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 20, 1950, to Dec 23, 1950, that I last saw the deceased alive on Dec 23, 1950, and that death occurred at 1:35 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED
George C Cochrum M D | Marion Md | 12-25-50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: Dec. 26, 1950 | NAME OF CEMETERY OR CREMATORY: Rehobeth Methodist Cem | LOCATION (City, town, or county) (State): Rehobeth, Maryland

DATE REC'D BY LOCAL REG.: 12/26/50 | REGISTRAR'S SIGNATURE: Betty Massey | 24. FUNERAL DIRECTOR: Bradshaw Funeral Parlors, Crisfield | ADDRESS

RECEIVED
DEC 30 1950
S'' PEAU V. 6

12654

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 268

1. PLACE OF DEATH: COUNTY Somerset — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Deal Island — LENGTH OF STAY (in this place) Lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Deal Island Pr. Anne Md
STREET ADDRESS (If rural give location) Deal Island Md

3. NAME OF DECEASED (Type or Print) (First) Edward (Middle) R. (Last) Walter

4. DATE OF DEATH (Month) Dec (Day) 24 (Year) 1950

5. SEX Male | 6. COLOR OR RACE White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widower | 8. DATE OF BIRTH Unknown about 1872 | 9. AGE last birthday 78 yrs. | If under 1 year Months Days | If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Waterman | 10b. KIND OF BUSINESS OR INDUSTRY Oyster | 11. BIRTHPLACE (State or foreign country) Deal Island Md | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Hamilton B Walter | 14. MOTHER'S MAIDEN NAME Melissa Webster

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. — | 17. INFORMANT AND ADDRESS Richard Walter Deal Island Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
725x	Immediate cause	(a) Chronic Mucous Colitis	18 mths
120a	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) General Arthritis	2 years
		(c)	

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 15th, 1950, to Dec 2[illegible], 1950, that I last saw the deceased alive on Dec 20th, 1950, and that death occurred at 6.45 A m., from the causes and on the date stated above.

SIGNATURE Eldon G. Marksman (Degree or title) ADDRESS Prince Anne, Md. DATE SIGNED [illegible]

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE THEREOF Dec 23-50 | NAME OF CEMETERY OR CREMATORY St Thomas M.C. | LOCATION (City, town, or county) Deal Island Md (State)

DATE REC'D BY LOCAL REG. 1/2/50. | REGISTRAR'S SIGNATURE Lola T Wheatley | 24. FUNERAL DIRECTOR N T Webster Deal Island ADDRESS

90001

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 4 1955
REAU V. S

12655

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH: COUNTY Somerset MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS McCready Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Marion Station.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Hattie (Middle) D. (Last) Wilson
4. DATE OF DEATH (Month) Dec. (Day) 15th (Year) 1950
5. SEX female
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married
8. DATE OF BIRTH July 16, 1880
9. AGE last birthday 70 yrs. If under 1 year Months 4 Days 1 If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House-wife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A
13. FATHER'S NAME James Williams
14. MOTHER'S MAIDEN NAME Elizabeth Boston
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT AND ADDRESS Hilda Smith. Cape Charles, Va

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Tremor Acid Dis of Heart	1 week
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Diabetes Mellitus	Years
	(c) Clinic Art Nephritis Clinic Myocarditis	Years

260 X
61

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. General Arteriosclerosis

19a. DATE OF OPERATION none
19b. MAJOR FINDINGS OF OPERATION none
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 1, 1950, to Dec 15, 1950, that I last saw the deceased alive on Dec 15, 1950, and that death occurred at 10 A.M. m., from the causes and on the date stated above.

SIGNATURE Guy C. Cullen MD (Degree or title) ADDRESS Marion Sta Md DATE SIGNED December 16, 1950

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Dec. 17, 1950
NAME OF CEMETERY OR CREMATORY Asbury Cem.
LOCATION (City, town, or county) Crisfield (State) Md.
DATE REC'D BY LOCAL REG. 12/16/50
REGISTRAR'S SIGNATURE Betty Massey
24. FUNERAL DIRECTOR Durward D. Covington. ADDRESS Crisfield Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

N.I.S.T.
DEC 22 1950
BUREAU